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ABSTRACT

This report records the progress, current status and future plans of the Office of Child Development (OCD) in making Head Start services available to handicapped children in an integrated setting, as mandated in 1972 by Federal legislation. The requirements and history of this legislation are reviewed and the goals and objectives for improving Head Start are outlined. Information on the pattern of services provided to handicapped children through Head Start programs was gathered from a variety of sources, including preliminary survey data from 712 programs, on-site observations, and other Federal agencies. The data collected reflect the status of handicapped children in Head Start programs in the latter part of 1972, and report on: (1) the number of children served in full-year and summer programs; (2) the principal handicapping conditions reported (speech impairment, emotional disturbance and mental retardation); (3) the comprehensive and special services provided, including benefits, to the children; and (4) future program needs. General information concerning the policies, procedures and plans proposed by OCD to meet Federal mandate requirements are outlined. (ED)

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FIRST ANNUAL REPORT OF THE U.S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE TO THE CONGRESS OF THE UNITED STATES ON SERVICES PROVIDED TO HANDICAPPED CHILDREN IN PROJECT HEAD START

PS 008076

U.S. Department of Health, Education, and Welfare
Office of Child Development
Washington, D.C. 20013

March 1973

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SUMMARY

The 1972 Amendments to the Economic Opportunity Act (P.L. 92-424) call upon Head Start to increase services to handicapped children. A key provision mandates that at least 10 percent of program enrollment on a national basis consist of handicapped children. This would involve providing comprehensive Head Start services to more than 37,900 such children. This represents a major expansion of program opportunities for handicapped children, since, at present, approximately 25,000 handicapped children under the age of six receive services from other federally funded programs. For the first time, large numbers of preschool handicapped children will receive the benefits of an integrated setting where they can learn and develop with non-handicapped children.

The Office of Child Development has launched an intensive effort to serve handicapped children and plans to meet the legislative mandate by the Fall of 1973. This will be accomplished through local Head Start programs giving priority in enrollment to handicapped children during the balance of this fiscal year, followed up by a major program thrust to bring such children into local programs at the time of normal enrollment for Summer and Full Year Head Start - during June through October.

The Office of Child Development and local Head Start programs will work closely with other Federal, state and local agencies, as well as private groups concerned with handicapped children, to identify, recruit, and serve those with special needs. Head Start will provide the full range of education, medical, nutrition, parent involvement and other services. In cases where a handicapped child is now receiving limited or a single specialized service from another community agency, Head Start will include the child in its program and provide the additional needed services. The other agencies will be expected to maintain their existing level of effort on behalf of that child or other handicapped children.

Head Start has always had a national policy of open enrollment for all eligible children, including handicapped children. Current estimates are that about 15,000 handicapped children, in accordance with the legislative definition, participate in Full Year Head Start and an additional 2,000 in Summer programs. Despite this participation, there are substantial numbers of eligible handicapped children who are not registered in Head Start.

Head Start policies and procedures, developed in accordance with the 1972 Amendments, outline a mandatory process to be followed at the local program level governing outreach, recruitment, screening, diagnosis, and provision of services to handicapped children. This will assure that such children receive appropriate services, individualized in the light of the child's and family's unique needs and capabilities. Regional staff of the Office of Child Development will assist local Head Start programs so that enrollment, program services, and linkages with other agencies are consistent with the needs, priorities and resources of that community.

CHAPTER I

PROJECT HEAD START AND PRESCHOOL HANDICAPPED CHILDREN: BACKGROUND INFORMATION

A. Purpose of this Report

This is the first Annual Report to the Congress on Head Start services to handicapped children. The purpose of this report is to inform the Congress of the status of handicapped children in Head Start programs, including the number of children being served, their handicapping conditions, and the services being provided. This report records progress and future plans in implementing the legislative mandate to assure that not less than 10 percent of the enrollment opportunities in the Head Start program nationwide shall be available to handicapped children.

The Congress, in the 1972 Amendments to the Economic Opportunity Act (P.L. 92-424), directed that enrollment opportunities be provided to handicapped children in receiving Head Start services and requested the Secretary of the Department to report on this effort within six months after enactment, and at least annually thereafter.

These requirements reflect deep concern within the Congress to assure that handicapped children, who are deemed to have a great need for services of the type Head Start provides, have full and unrestricted access to the benefits of the program on the same basis as other eligible children. The 1972 Amendments also introduced a new concept in the Federal approach to the handicapped. The legislative requirement relates to a specific percentage of the number of enrollment opportunities that must be available to handicapped children, rather than earmarking money to provide separate services. This is consistent with Head Start's approach to serving handicapped children in an integrated setting with other Head Start children and providing the necessary adaptations in the program to enable them to function, develop, and learn.

The new legislation defines the term "handicapped," and makes applicable to Head Start the same definition as in other major legislation affecting Federal programs for preschool handicapped children. The term handicapped children means *"mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled, or other health impaired children who by reason thereof require special education and related services."*

The report is based on information and data from several sources. In August-September 1972, OCD sent out a Preliminary Survey to 1,000 Full-Year Head Start grantees to obtain general information on services being provided to handicapped children. Experts, with special training and experience in programs for preschool handicapped children, visited several of the 712 grantees responding to the survey, and compiled additional on site information. Insights and data on

the general pattern of services to preschool handicapped children have also been provided by other Federal agencies, including the Bureau of Education for the Handicapped (BEH) of the U.S. Office of Education and the National Institute of Mental Health (NIMH), as well as non-Federal sources. The Council for Exceptional Children has been most helpful in providing information and arranging contacts with other organizations interested in services to handicapped children.

B. Head Start Goals and Objectives

Head Start was launched based upon a February 1965 report of a panel of child development experts chaired by Dr. Robert Cooke. Their recommendations, which were soon implemented, called for a comprehensive approach to meeting the individual needs of the children enrolled in the program. The objectives of the comprehensive program were: improving the child's physical health; fostering social and emotional development; improving mental processes, conceptual and verbal skills, and future learning efforts; strengthening the family's ability to relate positively to the child and his problems; developing in the child and his family a responsible attitude toward society; and increasing the sense of dignity and self-worth within the child and his family. These remain the basic goals of Head Start and apply to all children served, including handicapped children.

Head Start expects to serve 379,000 preschool children, including handicapped children, during FY 1973 with an appropriation of $392,100,000. Approximately 270,000 children will be enrolled in Full-Year Head Start and 86,000 in Summer programs. Over 23,000 additional children will be participating in experimental projects. All of these Head Start programs will be subject to the legislative mandate for serving handicapped children.

During FY 1973, Project Head Start initiated a major three-year improvement and innovation effort as the latest phase of a continual search for new and more effective ways to serve low-income children and their families. Three major activities emerged as part of the improvement and innovation effort, all with important implications for a more relevant pattern of services to handicapped children. These activities are:

- Improving local program quality, based upon required program performance standards.
- Introducing program options that enable and encourage local communities to individualize services based on the needs and capabilities of individual children and their families.
- Initiating experimental programs to develop, test and disseminate alternative approaches to the delivery of program services.

These activities are summarized below:

1. Improving Program Quality

A concerted effort is being made to assure the quality and effectiveness of all Head Start services. Program performance standards have been disseminated

and compliance is required as a condition of further Federal funding. All local programs must be in full compliance with these standards by June 30, 1974. Technical assistance will be provided to Head Start grantees upon request.

The standards spell out the Head Start goals and basic program requirements in the areas of education, social services, parent involvement and health services—including medical, dental, mental health, and nutrition. The standards include requirements for screening, assessment and diagnosis and individualizing services in the light of the unique needs and capabilities of each child and family. These standards apply to all children served by Head Start, including handicapped children.

2. **Local Program Options**

New Head Start policies permit and encourage grantees to use a variety of approaches in serving Head Start children and their families. In the past, Head Start practice has been to provide all children essentially the same five day a week classroom-based program. Greater flexibility will enable communities to individualize programs taking into account local priorities and making more effective use of Head Start and other resources.

Five program options—each with many possible variations—are now offered to local Head Start programs. These include: 1) the "standard" five days per week center-based approach; 2) variations in center attendance (e.g. scheduling less than five days per week where appropriate, or a combination of home and center care); 3) home-based programs, along the lines of the experimental Home Start model, that enhance the role of the parent in the child's education and development; 4) double-sessions, with appropriate safeguards for children and staff; and 5) locally designed variations, consistent with good development practice, and subject to special review procedures. All programs must provide a full Head Start experience consistent with the program performance standards.

3. **Experimental Programs**

Head Start, as a national demonstration program, has served as the stimulus for a series of major experiments in early child care, including Follow Through, Planned Variations, Health Start, Parent-Child Centers, and most recently, Home Start.

During FY 1973, OCD is mounting a series of new initiatives to provide a continuing supply of tested and proven approaches to serving young children. These include: Child and Family Resource Program which uses Head Start as the nucleus of a child-centered program of individualized family services starting at the prenatal period; Developmental Continuity which explores new approaches to bridging the developmental gap between Head Start and school; and experimental projects, in collaboration with BEH and NIMH, designed to develop new approaches to providing comprehensive services to preschool handicapped children in a program setting with non-handicapped children.

Parallel with these efforts is the Child Development Associate (CDA) Project. The CDA reflects a new approach to the career preparation and credentialling of child care staff in Head Start, day care, and private nursery schools. The CDA is defined as a person with the basic competencies to assume primary responsibility for the education and development of preschool children. The goals of the CDA project are to upgrade the quality of child development programs through more effective means of staff training and supervised field experience and to increase the supply of qualified staff to keep pace with expanding preschool programs.

All of these innovative projects will include a priority emphasis on the special needs and circumstances of the handicapped child. The experimental effort directed specifically at handicapped children is discussed more fully in Chapter IV.

C. Focus on Handicapped Children

With the overall Head Start improvement and innovation effort setting the stage for focusing greater priority on handicapped children, it is useful to review the background of Head Start policy on this issue.

Head Start has always had a national policy of open enrollment for all eligible children, including handicapped children. This is based on recognition that all children can benefit from a Head Start experience to enhance their development and growth. As noted in the Head Start Manual of 1967, "Head Start encourages the inclusion of mentally or physically handicapped preschool children in an integrated setting with other Head Start children."

Past studies of medical records of children served by Head Start have revealed a substantial incidence of children with handicapping conditions, although not all of them would meet the more stringent definition of a handicapped child as one who by virtue of the handicap requires some special services. These studies indicate that among the children served by Head Start were those identified as having behavior or psychiatric problems; learning problems; retardation; and cerebral dysfunctions, including cerebal palsy and speech disorders. More recent information, provided as a result of the Preliminary Survey carried out in 1972, confirms that Head Start has been serving handicapped children, albeit on a more limited basis than currently planned. The current level of services is discussed in some detail in Chapter III.

CHAPTER II

REVIEW OF LEGISLATIVE MANDATE

A. What the Legislation Requires

The Economic Opportunity Act Amendments of 1972 (P.L. 92-424) add a provision in section 3(b) (2) that:

> "The Secretary of Health, Education, and Welfare shall establish policies and procedures designed to assure that not less than 10 per centum of the total number of enrollment opportunities in the Nation in the Headstart program shall be available for handicapped children (as defined in paragraph (1) of section 602 of the Elementary and Secondary Education Act of 1965, as amended) and that services shall be provided to meet their special needs."

In addition to the enrollment target, the legislation also contains provisions to the effect that:

- No child now participating in Head Start should be excluded from the program in the course of enrolling and serving children with special needs.

- The Secretary shall report to the Congress on the status of handicapped children in Head Start programs within six months after enactment, and at least annually hereafter. Such reports should address the ". . .status of handicapped children in Headstart programs, including the number of children being served, their handicapping conditions, and the services being provided such children."

B. Legislative History

This mandate is the culmination of many years of Congressional activity to provide developmental services to handicapped children. It reflects the concern of the Congress and other organizations that Federal programs have not adequately served those handicapped children with the greatest need. In particular, the Head Start program has come under criticism for not giving greater encouragement to the enrollment of children with severe handicaps. It was generally recognized by Congressional critics that children with milder handicapping conditions (e.g. visual problems correctable with eyeglasses or slight hearing loss) have been and should continue to be served by Head Start.

The basic view is that handicapped children be afforded every opportunity to which every other citizen is entitled. In the past, legislative strategies for assuring this entitlement for the handicapped have taken the form of earmarking a portion of Federal program funds for this purpose. The 1972 Amendments represent a departure in setting aside enrollment opportunities rather than earmarking funds.

This reflects an awareness that the needs of preschool handicapped children can be better met in a setting which includes non-handicapped children.

Experts in special education and advocates on behalf of handicapped children strongly endorse the benefits to the handicapped child of learning and playing with other children. In addition, the non-handicapped child has much to gain from this interaction in terms of an understanding and appreciation of human differences. The experience of local Head Start programs which have a history of providing such services bears out the value of this approach in terms of developmental benefits for all children involved.

The enrollment target of 10 percent for handicapped children relates to a projected Head Start enrollment level of 379,000 children to be served in Full Year and Summer programs. The expectation was that this would result in the participation of at least 37,900 handicapped children in Head Start this year throughout the Nation. As noted in Chapter IV, OCD is launching an intensive effort during FY 1973 to provide greater services to handicapped children. It is expected that this will lead to the addition of substantial numbers of handicapped children this fiscal year as a result of normal enrollment turnover. Target levels of participation of handicapped children will be met by the Fall of 1973. This will be accomplished through those efforts and the annual cycle of recruitment and enrollment for Summer and Full Year Programs, which takes place from June through October.

OCD and local Head Start programs have been encouraged to work closely with public and private agencies concerned with the problems of handicapped children to capitalize upon their expertise and assistance. Other Federal agencies (BEH, NIMH, etc.), state agencies, and private organizations have been involved in the development of Head Start policies. Such groups have been basically supportive of the approach taken, have volunteered their cooperation, and many have made specific commitments of resources. Local Head Start programs will be working actively with community based organizations for the handicapped, schools, universities and other state and local agencies in an effort to identify, recruit and assist in helping to place and serve handicapped children.

CHAPTER III

STATUS OF HANDICAPPED CHILDREN

This chapter sets forth the results of the Preliminary Survey carried out in August-September 1972 on the status of Head Start services to handicapped children. It is based on replies from 712 Head Start Full Year grantees that responded to the survey out of 1,000 grantees contacted. This data has been supplemented by on-site visits to selected local programs. Information pertaining to Head Start Summer programs and other activities affecting children with special needs has also been included in the findings. This describes the situation in Head Start up to the time program policies and plans were developed to focus greater priority on handicapped children in accordance with the legislative mandate. These policies and plans are described in Chapter IV.

A. Number of Children Served

Approximately 15,000 handicapped children, in accordance with the legislative definition, are enrolled in Full Year Head Start programs. An estimated 2,000 additional handicapped children are enrolled in Summer Head Start. This means that roughly four to five percent of total Head Start enrollment consists of children with special needs.

There are few significant differences in the extent of services to handicapped children among the various OCD regions. Nor do such factors as the size of grantee, amount of Federal funds, or whether the program is in a rural or urban area appear to correlate with the proportion of handicapped children served.

This level of services suggests that Head Start has had greater involvement with handicapped children than generally believed. Nevertheless, it falls substantially short of current plans in the light of the legislative target.

It is clear that there are substantial numbers of otherwise eligible children who are not registered in Head Start. This may occur because families are not aware that their children are eligible or because local programs do not encourage their participation. Some grantees, contrary to Head Start Policy, have even discouraged the participation of handicapped children.

Three out of four Head Start grantees indicated that they were providing some services to handicapped children. The most common reasons cited by those grantees not serving handicapped children were: the belief that some other community agency was serving these children; the lack of trained Head Start staff; and inadequate facilities and equipment for providing appropriate services to children with special needs. Some programs cited the need to train staff, purchase equipment, modify facilities or purchase services from other community agencies that were unable to provide such support at no cost to Head Start. Other responses highlighted the absence of requests from parents or referrals from other agencies and the lack of a special outreach effort.

Grantee reasons are summarized in Figure I of Chapter IV. Provisions in Head Start policy and program plans will make clear the priority of this effort and will focus resources on these and other problems at the community level.

B. Handicapping Conditions

The principal handicapping conditions reported in the survey were speech impaired (31 percent), seriously emotionally disturbed (14 percent), and mentally retarded (8 percent.) This distribution is consistent with the incidence of disabilities in the general preschool population. All categories of handicapping conditions reflected in the legislative definition are present in Head Start. Figure II in Chapter V compares the incidence of disabilities among handicapped Head Start children with that of all handicapped children in the United States aged 0-4 years.

It is clear from an analysis of the survey that local Head Start programs will need extensive assistance in the areas of screening, assessment and diagnosis of handicapping conditions. Head Start policies and plans for training and technical assistance support will include a special emphasis in these areas. Careful safeguards will be instituted to avoid mislabeling and stigmatizing individual children and their families.

C. Program Services

Survey results support the conclusion that handicapped children receiving Head Start program services benefit from the experience. These findings have been confirmed by on-site visits to selected programs. These benefits result from the handicapped child gaining access to the full range of comprehensive education, health, and other services provided to all Head Start children. Special additional services provided to handicapped children in Head Start are reported in Figure III of Chapter V. Key features of program services are described as follows:

1. Benefits to the Children

The following represent fairly common examples of benefits experienced by handicapped children served in Head Start:

- Parents were assisted in coping with the special needs of their children.
- The self-image of the child improved and he became more sociable, independent, self-reliant, and displayed an increased sense of belonging.
- The child had the opportunity to play and learn with non-handicapped children, often for the first time.

- The child experienced an individualized approach to his unique needs and capabilities and to the special circumstances of his family.

- The total needs of the child were considered. Examples range from play therapy for a disturbed child; obtaining the services of a volunteer physical therapist; to accompanying the child on visits to other agencies.

2. **Comprehensive Services Provided**

In all cases, the enrolled handicapped children have access to the full range of Head Start services provided other children in the program. These include educational activities, social services, parent involvement, and medical, dental, mental health and nutrition services. Indoor and outdoor activities are provided. Low adult-child ratios generally permit an individualized approach to each child.

Staff attitudes toward children with disabilities are generally positive. A special education observer commented: "Severely handicapped children are already included (some unrecognized as handicapped) in programs and special provision made without the staff realizing that they are providing something different or special for the child. This was true in several sites."

Programs that emphasize follow-up services after the child leaves Head Start include the handicapped child in this approach. One Head Start director commented, "If the progress that is begun in Head Start programs is to have a lasting effect, a continuum of programming with special education agencies or the public schools is necessary. We must work closely together."

3. **Special Services**

Approximately half of the grantees responding provide some special services for handicapped children in addition to the services provided for all children in Head Start. Some of the services are providing counselling or other support to parents, collaborating with other service agencies, or arranging transportation. In several cases, staff receive special training and volunteers are added to the program.

The most common special service involves parental support. A prevelant comment from grantees was, "The most important service is one of parent education - a program directed to inform parents how they as parents can participate in treatment of their children's problem." Program staff frequently accompany the parent and child to other agencies to ob ain needed

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services. In most cases, this is done with the intent to assist the parents to develop the skills to obtain such help on their own in the future and avoid dependency.

Close ties with other community agencies were a feature of most grantee responses. Head Start staff noted the importance of collaborating with Community Mental Health Centers, hospitals, schools, and other agencies.

Some Head Start programs utilize speech therapy services established under state education authority for children age 0-21 years to provide speech therapy for their handicapped children. In other cases, school systems are meeting state legislative requirements to serve handicapped children through purchase of services and other collaborative arrangements with Head Start. Many Head Start programs are affiliated with a school system as a grantee or delegate agency. Head Start staff view such cooperative arrangements with schools as an appropriate way to provide services to preschool handicapped children in an integrated setting.

4. **Program Needs**

Several areas of program needs will have to be addressed in order to improve future services to handicapped children. These include:

- Better techniques for identifying handicapped children.
- Closer relationships with community and state agencies in program planning, outreach, recruitment, and provision of services. Head Start programs tend to assume that other agencies are doing more to serve preschool handicapped children than is actually the case. Other agencies may be unaware of Head Start's capability to provide educational, health, parent involvement services, and other benefits of a developmental experience.
- Training of all staff and volunteers.
- Innovative approaches to the special needs of parents of handicapped children.
- Greater involvement of volunteers with special skills.
- Focusing resources on staff training, equipment and modification of facilities.

CHAPTER IV

PROGRAM PLANS AND POLICIES

This chapter outlines OCD's policies and plans pertaining to handicapped children. The approach to meeting the legislative mandate is to establish procedures at the community level that require Head Start programs to identify, recruit, and serve handicapped children. OCD Regional Office staff will assist local grantees to carry out this process and will establish appropriate enrollment targets for the participation of handicapped children in each community. Full compliance with the legislative mandate will be accomplished in the Fall of 1973 based upon enrollment turnover this fiscal year and the normal cycles of recruitment and enrollment from June through October in Summer and Full Year programs. This will result in at least 37,900 handicapped children being served in Head Start by this fall.

A. Policies and Procedures

The key features of Head Start policies and procedures regarding handicapped children, in accordance with the 1972 Amendments, are as follows:

1. Head Start grantees and delegate agencies must insure that handicapped children receive the full range of services normally available to Head Start children, including participation in regular classroom activities. These basic services are identified in the Head Start program performance standards.

2. In cooperation with other community groups and agencies serving handicapped children, Head Start programs shall develop outreach and recruitment procedures to identify and enroll handicapped children who meet eligibility requirements and whose parents desire the child's participation. No child may be denied admission to Head Start solely on the basis of the nature or extent of a handicapping condition.

3. Needs assessment, screening and diagnostic procedures shall address all handicaps and provide an adequate basis for special education, treatment, and related services.

4. Head Start grantees and delegate agencies will be required to implement these policies as follows:

   a. **Phase I**–All Head Start programs must give immediate priority to handicapped children in filling enrollment vacancies through the normal turnover of program participants.

   b. **Phase II**–Summer Head Start Programs, starting with programs funded during FY 1973, must include provisions for services to handicapped children. These services, tailored to the education, health, and other special needs of the handicapped child must include arrangements for follow-up services.

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c. **Phase III**—All Full Year Head Start programs must implement plans to make enrollment opportunities and services available to eligible handicapped children.

5. The requirement that at least 10 percent of the enrollment opportunities in Head Start be made available to handicapped children applies on a nationwide basis. OCD Regional Office staff will insure that enrollment and program services in any given community are appropriate for the needs and resources in that community. Each region must achieve its enrollment target consistent with the legislative mandate.

B. Enrollment

Head Start policy guidelines require OCD Regional Office staff to negotiate an enrollment level with each local Head Start program for all children, including a projection of the number of handicapped children to be served. Some of the factors to be taken into account include the number of handicapped children in the target population, the types and severity of handicaps, the desire of parents to enroll their handicapped child in the program, and the resources and capability to serve handicapped children of both the Head Start program and the target communities. Enrollment targets by region are included in Figure IV, Chapter V.

C. Cooperation with Other Agencies

OCD has carried out its program planning and development of policy guidelines in close collaboration with a wide variety of agencies and organizations. Many groups have volunteered their resources and help and will be involved in the following ways:

- Outreach and recruitment of handicapped children at the community level.
- Recruitment of volunteers.
- Participation in the review and development of screening and assessment tools for handicapping conditions.
- Providing special program services where appropriate.
- Training and technical assistance to regional and local program staffs.

D. Experimental Projects

OCD will be funding approximately a dozen experimental projects to develop and test new approaches to the provision of Head Start services to handicapped children. Goals and objectives of this effort include: demonstrating various ways to

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integrate preschool handicapped children with nonhandicapped children; developing more effective linkages with other community agencies; defining alternative roles for Head Start staff in serving handicapped children; providing innovative approaches for parent participation in the development of the handicapped child; and demonstrating approaches to provide continuity of services to handicapped children between Head Start and early school years. Successful approaches will be disseminated to all Head Start programs and other state and local groups serving handicapped children. These projects are being implemented in collaboration with BEH and NIMH.

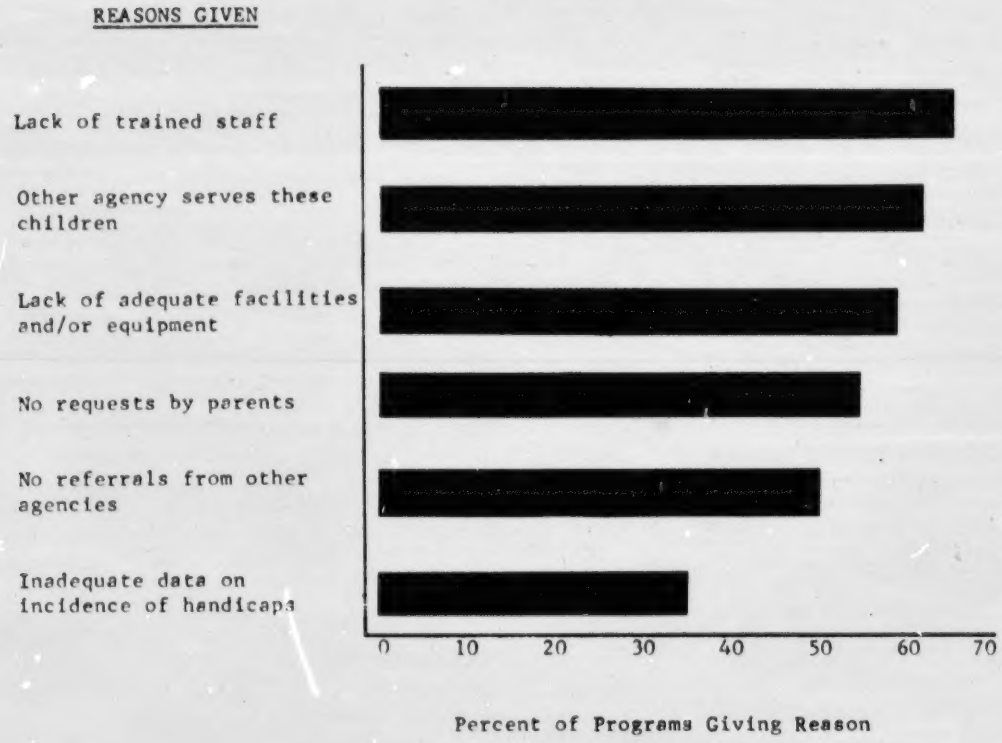
CHAPTER V

STATISTICAL APPENDIX

- Figures I, II and III relate to Chapter III. Data are based upon responses to the Preliminary Survey.

- Figure IV relates to Chapter IV. Data are based upon Head Start enrollment estimates for 1973 and enrollment targets that have been provided to OCD Regional Offices for Head Start services to handicapped children.

FIGURE I. REASONS GIVEN FOR NOT SERVING HANDICAPPED CHILDREN IN HEAD START*



*Reasons cited by the 25 percent of reporting grantees that enrolled no handicapped children.

FIGURE II.* COMPARATIVE INCIDENCE OF HANDICAPPING CONDITIONS IN PRESCHOOL CHILDREN

Total Number of Handicapped Preschool Children in U.S. (Fig. A)
Total Number in Head Start (Fig. B)

Fig. A

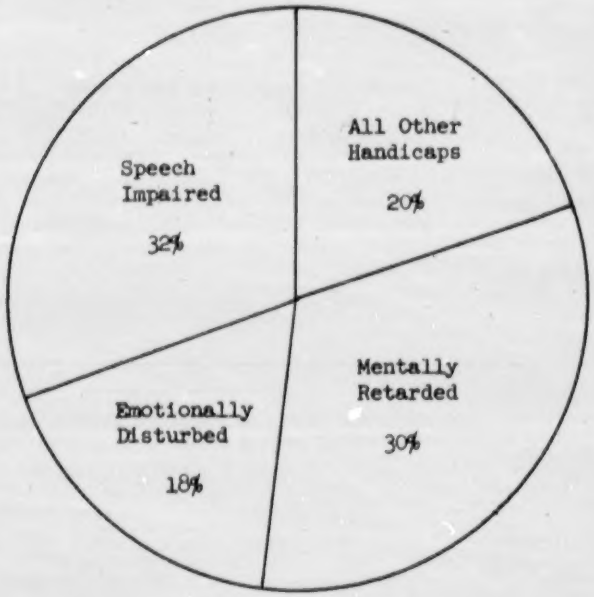
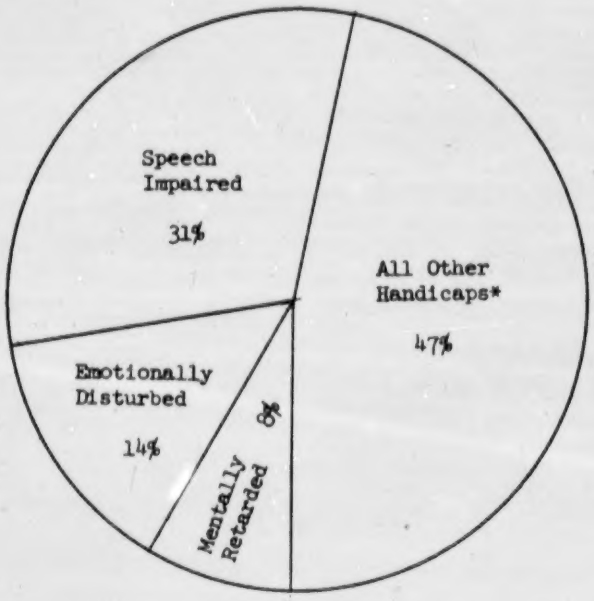
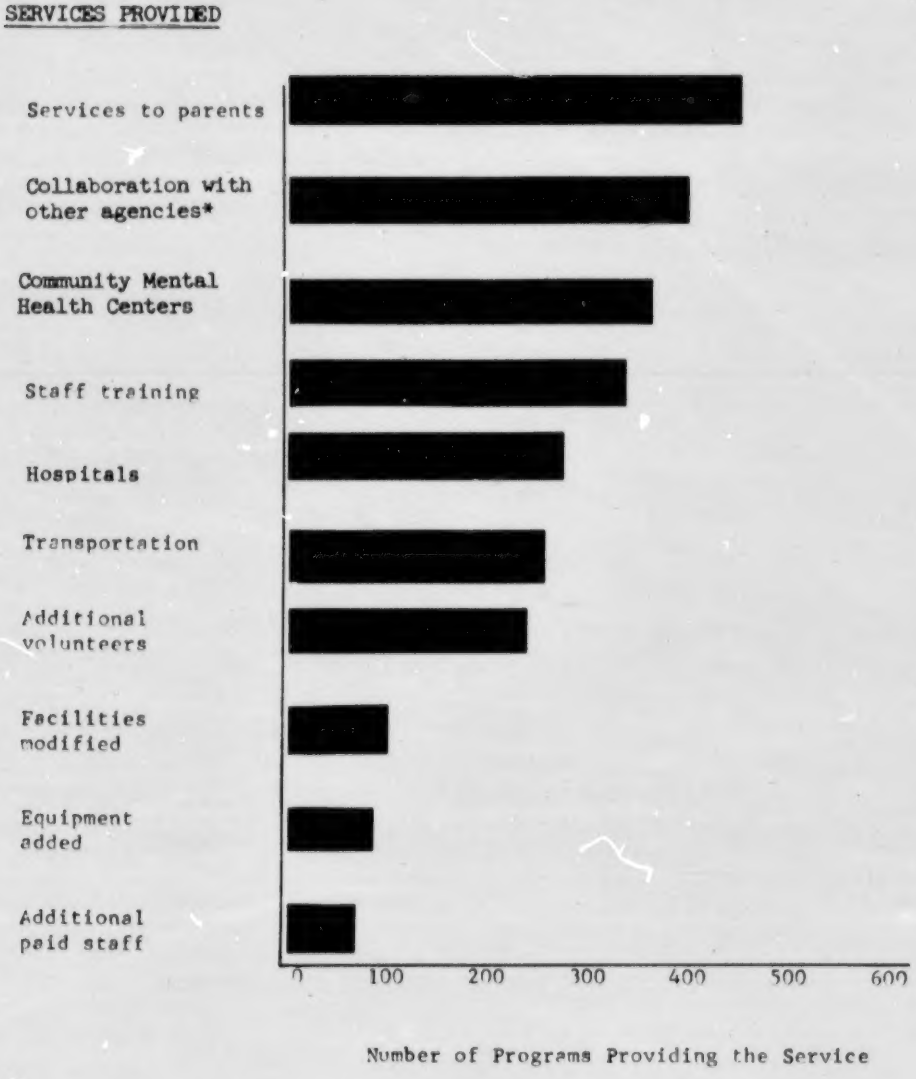


Fig. B



*Handicapping conditions of relatively high incidence in the category "All Other Handicaps" include hard of hearing, deaf, visually handicapped, learning disabled, crippled and other health impaired.

FIGURE III. SPECIAL SERVICES PROVIDED HANDICAPPED CHILDREN IN HEAD START



*Includes services provided by Head Start grantees through purchase or contribution by community agencies other than Community Mental Health Centers and Hospitals.

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FIGURE IV. HEAD START ENROLLMENT TARGETS FOR HANDICAPPED CHILDREN

	Overall Enrollment			Handicapped Targets		
	Full Year	Summer	Total	Full Year*	Summer	Total
Region I	9,936	1,794	11,730	994	179	1,173
II	23,985	2,352	26,337	2,399	235	2,634
III	18,682	8,938	27,620	1,868	894	2,762
IV	82,822	34,057	116,879	8,282	3,406	11,688
V	37,515	17,570	55,085	3,751	1,757	5,508
VI	35,844	14,161	50,005	3,584	1,416	5,000
VII	15,414	1,080	16,494	1,541	108	1,649
VIII	9,573	2,642	12,215	957	264	1,221
IX	19,248	1,630	20,878	1,925	163	2,088
X	6,476	190	6,666	648	19	667
Indian Migrant Program Division	10,021	1,964	11,985	1,002	197	1,199
Parent-Child Centers and other Experimental Projects	-	-	23,106	-	-	2,311
Grand Totals			379,000			37,900

*Regional Offices may vary enrollment targets between Full Year and Summer Programs based upon an approved plan. Regional Offices are required, however, to assure the provision of services to at least the total number of handicapped children reflected in the target enrollment.

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